

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345133	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/07/2021
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT WILKESBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697		
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F 000	INITIAL COMMENTS	F 000			
F 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews the facility failed to accurately code the Minimum Data Set assessments to reflect Resident #7 and Resident #5 received dialysis therapy. This was evident for 2 of 2 residents reviewed for dialysis.</p> <p>The finding included:</p> <p>1. Resident #7 was admitted to the facility on 09/29/20 with diagnoses that included end stage renal disease which required hemodialysis.</p> <p>A review of Resident #7's medical record revealed a physician order dated 09/29/20 for hemodialysis three days a week, Monday, Wednesday and Friday.</p> <p>A review of Resident #7's significant change Minimum Data Set (MDS) assessment dated 10/05/20 revealed no dialysis was coded.</p> <p>A review of Resident #7's quarterly MDS assessment dated 01/28/21 revealed no dialysis was coded.</p>	F 641	<p>F641 Accuracy of Assessments</p> <p>1. A root cause analysis was conducted on 5/7/21 and completed on 5/11/21 to identify the root cause of the two inaccurate Minimum Data Set assessments and to ensure all residents receiving dialysis had accurate coding including resident #7 and all other current residents receiving dialysis. 2 out of 2 of the incorrect Minimum Data Set assessments were corrected by the RN MDS Coordinator on 5/7/2021. The root cause analysis and AD HOC QAPI meeting was led by Administrator with input from Corporate nurse consultant, Director of Nursing, RN MDS Coordinator, Assistant Director of Nursing, Unit Manager #1 and #2, Wound care nurse, Activity Director, Social Services Director, Therapy Director, and Dietary manager. The results of the root cause analysis were reviewed by QAPI on 5/10/2021 and incorporated in the plan of correction.</p> <p>2. All residents have the potential to be affected, therefore 100% of current</p>	5/12/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/12/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 641	<p>Continued From page 1</p> <p>On 05/07/21 at 4:00 PM an interview was conducted with the MDS Coordinator (MDSC) who confirmed she completed the two inaccurate MDS assessments for Resident #7. The MDSC explained it was an oversight on her part and would submit corrections for the two inaccurate assessments.</p> <p>An interview was conducted with the Director of Nursing (DON) on 05/07/21 at 4:33 PM. The DON stated that the MDS painted a picture of the resident and she expected them to be coded accurately.</p> <p>An interview was conducted with the Administrator at 5:20 PM on 05/07/21. The Administrator stated her expectation was that the Minimum Data Set assessments were accurately completed.</p> <p>2. Resident #5 was admitted to the facility on 11/18/20 with diagnoses that included end stage renal disease that required hemodialysis.</p> <p>A review of Resident #5's medical record revealed a physician order dated 11/18/20 that read: hemodialysis three days a week on Monday, Wednesday and Friday.</p> <p>A review of Resident #5's Minimum Data Set (MDS) assessment dated 11/24/20 revealed there was no dialysis coded. The MDS was completed by MDS Nurse #2.</p> <p>An attempt to speak to MDS Nurse #2 was made on 05/07/21 at 2:18 PM without success.</p> <p>An interview was conducted with the Minimum Data Set Coordinator (MDSC) on 05/07/21 at</p>	F 641	<p>resident assessments were reviewed and audited for accuracy by Director of Nursing, Assistant Director of Nursing, RN MDS Coordinator, and Unit Manager #1 and #2.</p> <p>3. The RN MDS Coordinator and all licensed nurse education on assessment accuracy was initiated on 5/7/2021 and completed on 05/11/2021 by Assistant Director of Nursing and Director of Nursing. Any inaccuracy discovered will be immediately addressed and corrected by Director of nursing or Assistant director of nursing to ensure ongoing regulatory compliance.</p> <p>4. Assessment audits were initiated on 05/07/2021 and will be completed 4x weekly for 1 month, 1x weekly for 3 months during daily clinical meeting to ensure MDS admission assessment accuracy. Audits will be completed by Director of Nursing, Assistant Director of Nursing, and RN MDS Coordinator Monday through Sunday as required.</p> <p>Compliance date of 05/12/2021</p>		

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F 641	Continued From page 2 4:00 PM who explained she was one of two MDS nurses who completed the MDS assessments. The MDSC continued to explain that regardless of who completed Resident #5's MDS, the assessment should be an accurate assessment. The MDSC stated that MDS Nurse #2 completed MDS's remotely and could not speak to how she was able to gather the needed information or perform the required interviews to complete the MDS assessment. An interview was conducted with the Director of Nursing (DON) on 05/07/21 at 4:33 PM. The DON stated that the MDS painted a picture of the resident and she expected them to be coded accurately. During an interview with the Administrator on 05/07/21 at 5:20 PM she stated her expectation was that the Minimum Data Sets be accurately coded.	F 641			
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to-	F 655		5/12/21	

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F 655	<p>Continued From page 3</p> <p>(A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to develop a baseline care plan in the area of dialysis for 1 of 2 residents (Resident #5) reviewed for dialysis and failed to develop a baseline care plan for a resident who required oxygen for 1 of 2 residents (Resident #10) reviewed with oxygen.</p> <p>The findings included:</p>	F 655	<p>F655 Baseline Care Plan</p> <p>1. A root cause analysis was conducted on 5/7/2021 and completed on 05/11/2021 to identify the root cause of the facility's inability to implement a baseline care plan for each resident. As identified, resident #5 and resident #10 did not have a baseline care plan. 2 out of 2 residents identified are not current and have</p>		

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F 655	<p>Continued From page 4</p> <p>1. Resident #5 was admitted to the facility on 11/18/20 with diagnoses that included end stage renal disease.</p> <p>Review of a physician order dated 11/18/20 read, outpatient hemodialysis every Monday, Wednesday, and Friday.</p> <p>Review of Resident #5's medical record revealed no baseline care had been developed for the care and treatment required for dialysis.</p> <p>Review of a comprehensive Minimum Data Set (MDS) dated 11/24/20 revealed the Resident #5 was cognitively intact for daily decision making and required extensive to total assistance with activities of daily living. Dialysis was not checked on this MDS assessment.</p> <p>Resident #5 was discharged from the facility on 12/04/20.</p> <p>An interview was conducted with Unit Manager (UM) #1 and #2 on 05/06/21 at 4:41 PM. Both UMs reviewed the schedule and confirmed that Nurse #1 and Nurse #2 worked the day Resident #5 admitted to the facility and should have completed the baseline care plan. The UMs stated that there was an admission checklist that they used for each resident and it listed each assessment that was to be completed by either the hall nurse or one of the UMs and baseline care plans was listed on the checklist. UM #1 stated that generally the hall nurse would greet the resident, get them settled in their room and then complete the admission assessment, complete the baseline care plan, obtain vital signs, and enter a general nurse's note in the</p>	F 655	<p>discharged. An AD HOC QAPI meeting was completed on 5/7/2021 and was led by Administrator with input from Corporate nurse consultant, Director of Nursing, RN MDS Coordinator, Assistant Director of Nursing, Unit Manager #1 and #2, Wound care nurse, Activity Director, Social Services Director, Rehabilitation Director, and Dietary manager. The results of the root cause analysis were reviewed by QAPI on 05/10/2021 and incorporated in the plan of correction.</p> <p>2. All residents have the potential to be affected, therefore 100% of the current resident's baseline care plans were completed and audited for completion accuracy by Director of Nursing, Assistant Director of Nursing, RN MDS Coordinator, and Unit Manager #1 and #2 to ensure ongoing regulatory compliance.</p> <p>3. All licensed nurses (including RN MDS Coordinator, Assistant Director of Nursing, Unit Manager #1 and #2, Wound nurse), Dietary manager, Social Services director, Therapy director, and Activity director were educated on the regulatory compliance for baseline care plans. The baseline care plan education began on 5/07/2021 and completed 05/11/2021 and was completed by Director of Nursing, Regional MDS consultant, and Regional Nurse consultant. All new hires will be educated on completing baseline care plans upon hire.</p> <p>4. Baseline care plan audits were initiated on 5/07/2021 and will be completed 4x weekly for 1 month, 1x weekly for 3 months during daily clinical meeting to ensure regulatory compliance</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 655	<p>Continued From page 5</p> <p>medical record. UM #2 reviewed Resident #5's medical record and confirmed that no baseline care plan had been developed for Resident #5.</p> <p>An interview was conducted with Nurse #1 on 05/06/21 at 5:01 PM. Nurse #1 confirmed that she worked the unit where Resident #5 resided but could not recall Resident #5 at all. Nurse #1 stated that during the time Resident #5 was admitted the facility was taking multiple admissions and the admission process "was scattered" which meant "basically you did the best you could do." Nurse #1 confirmed that initiating base line care plan allowed the staff to know how to properly care for the resident. She added that "sometimes I did not get to do any of the assessments." Nurse #1 indicated that if she was working the next day, she would again try to finish any of the admission process that was not complete. Nurse #1 stated that Nurse #2 generally relived her on third shift, and she would pick up with the admission process and try to complete what had not yet been done. She added that if the baseline care plan were completed, they would be documented in the electronic medical record. Nurse #1 stated that she could not recall Resident #5 nor could she recall completing his base line care plan but stated "if it is not in his medical record then I did not have time to complete them."</p> <p>An interview was conducted with Nurse #2 on 05/06/21 at 5:24 PM. Nurse #2 confirmed that she worked the unit where Resident #5 resided but could not recall the resident at all. She stated that sometimes she got left to complete admissions or the assessments that the other nurses did not get around to completing. Nurse #2 stated that base line care plan was a part of</p>	F 655	<p>regarding baseline care plans. Audits will be completed by Director of Nursing, Assistant Director of Nursing, and RN MDS Coordinator Monday through Sunday as required.</p> <p>Compliance date of 5/12/2021</p>		

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F 655	<p>Continued From page 6</p> <p>the admission process but generally someone else had already completed them by the she arrived for work. Nurse #2 stated that between herself and Nurse #1 Resident #5 should have had a base line care plan documented in the electronic medical record. She added if it was not in the electronic medical record for some reason the baseline care plans were not completed.</p> <p>An interview was conducted with the former Director of Nursing (DON) on 05/07/21 at 11:27 AM. The former DON stated that the admission process even in November 2020 was the same it had always been. There was an admission checklist that included the initiation of base line care plans. She stated that nursing was responsible for completing the admission assessment and baseline care plans. If the UMs were not busy, they could assist with the process. She added that the baseline care plan was an important document because it directed the care of the new resident until the full care plan could be developed. The DON stated once all the items on the checklist were completed it would go through 2 additional reviews to ensure all items including baseline care plans were done. The former DON could not recall specifically if Resident #5's baseline care plans were completed but stated that if they were it would be document in his electronic medical record.</p> <p>An interview was conducted with the DON on 05/07/21 at 4:33 PM. The DON stated that she had only been at the facility for a few weeks. She stated that a nurse needed to initiate a baseline care plan for all new admissions, but she should not recall how soon they should be done. The DON stated that she was not sure who was responsible for completing the baseline care plan</p>	F 655			

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F 655	<p>Continued From page 7</p> <p>because she was still very new to the facility. The DON stated she expected a baseline care plan to be initiated for all new admissions especially someone with dialysis since there was very specific things that needed to be monitored.</p> <p>2. Resident #10 admitted to the facility on 11/24/20 with diagnoses that included: acute/chronic respiratory failure.</p> <p>Review of a physician order dated 11/24/20 read, Oxygen at 2 liters via nasal canula.</p> <p>Review of the facility daily schedule for 11/24/20 indicated that Nurse #3 was working the unit where Resident #10 resided.</p> <p>Review of Resident #10's medical revealed no baseline care plan had been developed to address the care and treatment of oxygen.</p> <p>Review of a Minimum Data Set (MDS) dated 11/30/20 indicated that Resident #10 was cognitively intact for daily decision making and required extensive assistance with activities of daily living. The MDS further revealed that oxygen was used during the assessment reference period.</p> <p>Resident #10 was discharged from the facility on 12/04/20.</p> <p>An interview was conducted with Unit Manager (UM) #1 and #2 on 05/06/21 at 4:41 PM. The UMs stated that there was an admission checklist that they used for each resident and it listed each assessment that was to be completed by either the hall nurse or one of the UMs and baseline care plans was listed on the checklist. UM #1</p>	F 655			

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F 655	<p>Continued From page 8</p> <p>stated that generally the hall nurse would greet the resident, get them settled in their room and then complete the admission assessment, complete the baseline care plan, obtain vital signs, and enter a general nurse's note in the medical record. UM #2 reviewed Resident #10's medical record and confirmed that no baseline care plan had been developed for Resident #10.</p> <p>An interview was conducted with the former Director of Nursing (DON) on 05/07/21 at 11:27 AM. The former DON stated that the admission process even in November 2020 was the same it had always been. There was an admission checklist that included the initiation of base line care plans. She stated that nursing was responsible for completing the admission assessment and baseline care plans. If the UMs were not busy, they could assist as well with the process. She added that the baseline care plan was an important document because it directed the care of the new resident until the full care plan could be developed. The DON stated once all the items on the checklist were completed it would go through 2 additional reviews to ensure all items including baseline care plans were done. The former DON could not recall specifically if Resident #10's baseline care plans were completed but stated that if they were it would be document in the electronic medical record.</p> <p>An attempt to speak to Nurse #3 was made on 05/07/21 at 3:17 PM and was unsuccessful.</p> <p>An interview was conducted with the DON on 05/07/21 at 4:33 PM. The DON stated that she had only been at the facility for a few weeks. She stated that a nurse needed to initiate a baseline care plan for all new admissions, but she should</p>	F 655			

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F 655	Continued From page 9 not recall how soon they should be done. The DON stated that she was not sure who was responsible for completing the baseline care plan because she was still very new to the facility. The DON again stated she expected a baseline care plan to be initiated for all new admissions especially someone with that required oxygen.	F 655			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to complete an initial admission assessment that included a baseline skin assessment for 2 of 10 residents (Resident #5 and Resident #10) reviewed for pressure ulcers. The findings included: 1. Resident #5 was admitted to the facility on 11/18/20 with diagnoses that included end stage renal disease. Review of Resident #5's medical record revealed no admission assessment was completed during Resident #5's stay in the facility. Further review of Resident #5's medical record revealed no skin assessment was completed upon admission to	F 684	F684 Quality of Care 1. A root cause analysis was conducted on 5/7/2021 and completed on 05/11/2021 to identify the root cause of the facility error by not completing an initial skin assessment on resident #5 and resident #10. 2 out of 2 residents identified are not current and have discharged. An AD HOC QAPI meeting was completed on 5/7/2021 and was led by Administrator with input from Corporate nurse consultant, Director of Nursing, RN MDS Coordinator, Assistant Director of Nursing, Unit Manager #1 and #2, Wound care nurse, Activity Director, Social Services Director, Rehabilitation Director, and Dietary manager. The results of the root cause	5/12/21	

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F 684	<p>Continued From page 10 the facility.</p> <p>Review of the facility daily schedule for 11/18/20 revealed that Nurse #1 was working the unit where Resident #5 resided from 7:00 AM to 7:00 PM and Nurse #2 was working that unit from 7:00 PM to 7:00 AM.</p> <p>Review of a comprehensive Minimum Data Set (MDS) dated 11/24/20 revealed the Resident #5 was cognitively intact for daily decision making and required extensive to total assistance with activities of daily living. The MDS further indicated that the facility did not assess the if Resident #5 was at risk for skin breakdown.</p> <p>Resident #5 was discharged from the facility on 12/04/20.</p> <p>An interview was conducted with Unit Manager (UM) #1 and #2 on 05/06/21 at 4:41 PM. Both UMs reviewed the schedule and confirmed that Nurse #1 and Nurse #2 worked the day Resident #5 admitted to the facility and should have completed the admission assessments which included a head to toe skin assessment. UM #1 stated that generally the hall nurse would greet the resident, get them settled in their room and then complete the admission and skin assessment, obtain vital signs, and enter a general nurse's note in the medical record. Um #2 reviewed Resident #5's medical record and confirmed that no admission assessment nor skin assessment had been completed but stated that neither of the UMs could recall Resident #5.</p> <p>An interview was conducted with Nurse #1 on 05/06/21 at 5:01 PM. Nurse #1 confirmed that she worked the unit where Resident #5 resided</p>	F 684	<p>analysis were reviewed by QAPI on 05/10/2021 and incorporated in the plan of correction.</p> <p>2. All residents have the potential to be affected, therefore 100% of the current resident admission and skin assessments were audited for completion by Director of Nursing, Assistant Director of Nursing, RN MDS Coordinator, and Unit Manager #1 and #2 to ensure ongoing regulatory compliance.</p> <p>3. All licensed nurses (including RN MDS Coordinator, Assistant Director of Nursing, Unit Manager #1 and #2, Wound nurse), Dietary manager, Social Services director, Therapy director, and Activity director were educated on the regulatory compliance for completing the resident assessments. The resident assessment education began on 5/07/2021 and completed 05/11/2021 and was completed by Director of Nursing, Regional MDS consultant, and Regional Nurse consultant. All new hires will be educated on completing admission and skin assessments upon hire.</p> <p>4. Admission assessment audits were initiated on 5/07/2021 and will be completed 4x weekly for 1 month, 1x weekly for 3 months during daily clinical meeting to ensure regulatory compliance regarding resident assessment completion. Audits will be completed by Director of Nursing, Assistant Director of Nursing, and RN MDS Coordinator Monday through Sunday as required.</p> <p>Compliance date of 5/12/2021</p>		

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F 684	<p>Continued From page 11</p> <p>but could not recall Resident #5 at all. Nurse #1 stated that the admission process included the admission assessment and a head to toe skin assessment along with several other assessments. She added that during the time Resident #5 was admitted the facility was taking multiple admissions and the admission process "was scattered" which meant "basically you did the best you could do." Nurse #1 stated that "sometimes I did not get to do any of the assessments." Nurse #1 indicated that if she was working the next day, she would again try to finish any of the admission assessment and skin assessment that had not been complete. Nurse #1 stated that Nurse #2 generally relieved her on third shift, and she would pick up with the admission process and try to complete the admission assessment and skin assessment. She added that if the assessments were completed, they would be documented in the electronic medical record. Nurse #1 stated that she could not recall Resident #5 nor could she recall completing his admission assessment or skin assessment but stated "if it is not in his medical record then I did not have time to complete them."</p> <p>An interview was conducted with Nurse #2 on 05/06/21 at 5:24 PM. Nurse #2 confirmed that she worked the unit where Resident #5 resided but could not recall the resident at all. Nurse #2 stated that the admission assessment included a head to toe assessment but most of the time that was already completed by the time she arrived at work. She stated that sometimes she got left to complete admissions assessment and skin assessments that the other nurses did not get around to completing. Nurse #2 stated that between herself and Nurse #1 Resident #5</p>	F 684			

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F 684	<p>Continued From page 12</p> <p>should have had an admission assessment that included a head to toe skin assessment completed on admission and documented in the electronic medical record. She added if it was not in the electronic medical record for some reason the admission assessment and subsequent skin assessment were not completed.</p> <p>An interview was conducted with the former Director of Nursing (DON) on 05/07/21 at 11:27 AM. She stated that nursing was responsible for completing the admission assessment, head to toe skin assessment, fall risk assessment and several other assessments. If the UMs were not busy, they could also assist as well with the process. The former DON stated that if one shift could not complete the admission assessments then the next shift should be working to complete them as well. The former DON could not recall specifically if Resident #5's admission assessment and skin assessment was completed but stated that if it was it would be document in his electronic medical record.</p> <p>An interview was conducted with the DON on 05/07/21 at 4:33 PM. The DON stated that she had only been at the facility for a few weeks. She stated that she expected the nursing staff to complete the required admission assessment and skin assessment immediately after the resident arrived at the facility and document them in the medical record.</p> <p>2. Resident #10 was admitted to the facility on 11/24/20 with diagnoses that included polyarthritis, hypertension, weakness, dysphagia, and others.</p> <p>Review of Resident #10's medical record</p>	F 684			

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F 684	<p>Continued From page 13</p> <p>revealed no admission assessment was completed during Resident #10's stay in the facility. Further review of Resident #10's medical record revealed no skin assessment was completed upon admission to the facility.</p> <p>Review of the facility's daily schedule for 11/24/21 indicated that Nurse #3 was working the unit where Resident #10 resided.</p> <p>Review of the Minimum Data Set (MDS) dated 11/30/20 indicted that Resident #10 was cognitively intact and required extensive assistance with activities of daily living. The MDS further revealed that Resident #10 was at risk for pressure ulcer.</p> <p>Resident #10 discharged from the facility on 11/30/20.</p> <p>An interview was conducted with Unit Manager (UM) #1 and #2 on 05/06/21 at 4:41 PM. UM #1 stated that generally the hall nurse would greet the resident, get them settled in their room and then completed the admission and skin assessment, obtain vital signs, and enter a general nurse's note in the medical record. UM #1 and UM #2 stated that the admission assessment and subsequent skin assessment were to be done upon admission and entered into the resident's medical record and if the they were not in the medical record they were not completed.</p> <p>An interview was conducted with the former Director of Nursing (DON) on 05/07/21 at 11:27 AM. She stated that nursing was responsible for completing the admission assessment, head to toe skin assessment, fall risk assessment and</p>	F 684			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 684	<p>Continued From page 14</p> <p>several other assessments. If the UMs were not busy, they could also assist as well with the process. The former DON stated that if one shift could not complete the admission assessments then the next shift should be working to complete them as well. The former DON could not recall specifically if Resident #10's admission assessment and skin assessment was completed but stated that if it was it would be document in the electronic medical record.</p> <p>An attempt to speak to Nurse #3 was made on 05/07/21 at 3:17 PM and was unsuccessful.</p> <p>An interview was conducted with the DON on 05/07/21 at 4:33 PM. The DON stated that she had only been at the facility for a few weeks. She stated that she expected the nursing staff to complete the required admission assessment and skin assessment immediately after the resident arrived at the facility and document them in the medical record.</p>	F 684			